

Case Number:	CM14-0012539		
Date Assigned:	02/21/2014	Date of Injury:	02/15/2012
Decision Date:	07/25/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 51-year-old female who has submitted a claim for posttraumatic stress disorder with agoraphobia associated with an industrial injury date of February 15, 2012. Medical records from 2013-2014 were reviewed. The patient complained of posttraumatic stress reactions and depressive symptoms. There was noted visual hallucinations related to the traumatic event that she experienced in 2012. The patient remains avoidant and mostly homebound. Moodiness and irritability has decreased. Recently, there was increased socialization, able to utilize helpful coping strategies, increased activities of daily living, able to tolerate exposure with family members, and reduced reliance on health care providers. Physical examination showed patient walking with a cane. She was alert and much less distressed. She was slow and awkward in her gait. She was smiling, warm, polite and made good eye contact. The patient was less anxious and less depressed. Speech was well organized as well as her thought processes. Imaging studies were not available. Treatment to date has included psychotropic medications, home exercise program, relaxation exercises, psychotherapy, biofeedback, sleep hygiene, and socialization regimen. Utilization review, dated January 13, 2014, denied the request for outpatient additional biofeedback times twelve (12) because the patient has already exceeded the recommended number of sessions. An appeal letter, dated January 24, 2014, stated that the treatment was effective with the patient, and withdrawal of biofeedback was contraindicated to help keep the patient out of psychiatric hospitalization.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient additional biofeedback times twelve(12): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 105-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness & Stress, Cognitive behavioral therapy.

Decision rationale: Page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions and states that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG recommends an initial trial of 6 visits over 3-6 weeks; with evidence of symptom improvement, total of up to 13-20 visits over 7-20 weeks (individual sessions); and in cases of severe major depression or PTSD, up to 50 sessions if progress is being made. In this case, the documents show that the patient had attended previous biofeedback sessions. A total of 20 visits were documented showing good response to treatment. The patient was diagnosed with posttraumatic stress disorder with agoraphobia. Guidelines allow up to 50 sessions of cognitive behavioral therapy for patients with PTSD if progress is being made. The medical necessity has been established. Therefore, the request for outpatient additional biofeedback times twelve(12) is medically necessary.